Schedule E)	PAGE 1 OF 77 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Daysee	ate of Public Distribution/Dissemination
Brittnie W Campbell	ate of Public Distribution/Dissemination
Mailing Address 5828 Rena Road	mount
City State Zip Code Hamptonville NC 27020 Tr	47.50
Di	ransaction ID : c89f7f89-02a4-46de-a ate of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sc	ought: House District: 00
Ma Koy Hagan	esident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ment For:
Full Name of Payee D	vate of Public Distribution/Dissemination
Brittnie W Campbell	10 19 2014
Mailing Address 5828 Rena Road	
A	mount
City State Zip Code	15.90
D D	ansaction ID : 1bbc38a7-57ff-417f-9 late of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office So	ought: House District: 00
Ms. Kay Hagan Oppose Pro	esident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ement For: Primary X General
Tot Elisation to Cimeo Gaugni	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	63.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Sch	edule E)	I EXI END	TOTILO		PAGE 2 OF 77 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wc	omen Speak Out PAC				C C00530766
				T.	/ M / D D / Y Y Y Y
Chec	k if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	
	full Name of Payee Judith A Murphy				of Public Distribution/Dissemination
N	Mailing Address PO Box 37				10 19 2014
				Amou	ını
С	City	State	Zip Code		5.00
	East Bend	NC	27018		saction ID: 704dfae7-2deb-4753-9 of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		10 19 2014
Ν	lame of Federal Candidate		Support	Office Sough	nt: House District: 00
N	VIs. Kay Hagan		X Oppose	Presid	ent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	10	19001.87	Disbursemer 2014	nt For:
	full Name of Payee			Date	of Public Distribution/Dissemination
	Maurice A Wilson			Г	10 19 2014
N	Mailing Address 448 Judson Dr				
Т				Amou	unt
	Dity	State	Zip Code		22.50
L	Wake Forest	NC	27587		action ID: 1314530d-1c96-48ae-9 of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		10 19 / 2014
	Name of Federal Candidate		Support	Office Sough	ht: House District: 00
ľ	Ms. Kay Hagan		X Oppose	Presid	lent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	7	1019001.87	Disbursemer 2014	nt For:
		<u> </u>			
(a)	SUBTOTAL of Itemized Independent Expenditure	s		· •	27.50
(b)) SUBTOTAL of Unitemized Independent Expendit	ures		•	
(c)	TOTAL Independent Expenditures			· •	7 7 7
wit	der penalty of perjury I certify that the independe th, or at the request or suggestion of, any candida rty committee) any political party committee or its	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 10	21 2014
	Signature				

Sche	dule E)	I EXI END	101120		PAGE 3 OF 77 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wor	nen Speak Out PAC				C C00530766
Check	if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	- M / D - D / Y - Y - Y
M	Name of Payee Naurice A Wilson				of Public Distribution/Dissemination
Ma	illing Address 448 Judson Dr			Amou	nt
Cit	у	State	Zip Code	$-\Gamma$	1.20
W	ake Forest	NC	27587		action ID : afb8e29f-d279-4fcd-8 of Disbursement or Obligation
	rpose of Expenditure ileage		Category/ Type 002	М	10 19 / 2014
Na	me of Federal Candidate		Support	Office Sough	t: House District: 00
Ms	s. Kay Hagan		X Oppose	Preside	ent State: NC
	Calendar Year-To-Date Per Election for Office Sought	10	19001.87	Disbursement 2014 Or	t For:
Fu	II Name of Payee			Date of	of Public Distribution/Dissemination
K	athryn M Wolfe			M	10 19 2014
Ma	ailing Address 204 W 9th St				.0 10 2017
				Amou	nt
Cit	у	State	Zip Code		10.00
	ittsburg	KS	66762	Transa Date	ction ID : 60ff282b-fea4-4b38-a of Disbursement or Obligation
	rpose of Expenditure alary		Category/ Type 001	M	10 / 19 / 2014
Na	me of Federal Candidate		Support	Office Sough	t: House District: 00
Mı	r. Greg Orman		X Oppose	Preside	-
	Calendar Year-To-Date Per Election for Office Sought	7	15723.35	Disbursemen 2014 O	t For:
(a)	SUBTOTAL of Itemized Independent Expenditure	es		· -	11.20
(b)	SUBTOTAL of Unitemized Independent Expendit	ures		•	1 7 1 1 7 1 1 7
(c)	TOTAL Independent Expenditures			· .	7
with	er penalty of perjury I certify that the independe , or at the request or suggestion of, any candida y committee) any political party committee or its	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	M M M /	21 2014
5	Signature				

Schedule E)	II EXI END	HONES		PAGE 4 OF 77 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDI	ENTIFICATION NUMBER ▼
Women Speak Out PAC	000530766			
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Kathryn M Wolfe			Date of Public	Distribution/Dissemination
Mailing Address 204 W 9th St			10	19 2014
			Amount	
City	State	Zip Code		1.80
Pittsburg	KS	66762		0: abeb7792-ef1b-4b4e-9 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President X	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	, , ,	15723.35	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Benjamin L Heitman			10	19 / 2014
Mailing Address 2520 Helmstetler Rd			Amount	
City	State	Zip Code		10.00
Lexington	NC	27295		: c324bdcb-faa5-4ec8-a sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	1019001.87	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expenditur	es			11.80
(b) SUBTOTAL of Unitemized Independent Expendi	tures		•	7
(c) TOTAL Independent Expenditures			•	49-
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 21	2014
Signature				

Schedule E)	DENT EXICIO	ITOTILO	PAGE 5 OF 77 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repo	rt New rep	ort Amends repo	rt filed on
Full Name of Payee Benjamin L Heitman			Date of Public Distribution/Dissemination
Mailing Address 2520 Helmstetler Rd			10 19 2014 Amount
City	State	Zin Codo	1.20
Lexington	NC	Zip Code 27295	Transaction ID : 0f1bdfa6-ba3c-4a1b-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	019001.87	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Claire A Smith			Date of Public Distribution/Dissemination
Mailing Address 6610 Walcott Rd			10 19 2014 Amount
City	State	Zip Code	35.00
Paragoud	AR	72450	Transaction ID : dd609d0d-c248-482b-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 19 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		181557.23	Disbursement For: Primary General 2014 General
(a) SUBTOTAL of Itemized Independent Expe	enditures		36.20
(b) SUBTOTAL of Unitemized Independent E	xpenditures		
(c) TOTAL Independent Expenditures			
(c) TOTAL independent Expenditures			>
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

Schedule E)	JENT EXTEND	ITOTIES	PAGE 6 FOR SE OF	OF 77 FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION	ON NUMBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	t filed on	Y Y Y Y Y
Full Name of Payee Brian A Sherwood			Date of Public Distribution	
Mailing Address 1003 W 5th St			10 / 19	2014
Toole W. Guil et			Amount	
City	State	Zip Code		20.00
Coffeyville	KS	67337	Transaction ID : f88f36a3 Date of Disbursement or 0	
Purpose of Expenditure Salary		Category/ Type 001	10 / 19	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Ms. Kay Hagan		X Oppose	President X Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	10	019001.87	Disbursement For: ☐ Primary 2014 ☐ Other (specify) ▶	General
Full Name of Payee			Date of Public Distribution	/Dissemination
Brian A Sherwood			M M / D D /	2014
Mailing Address 1003 W 5th St			Amount	
City	State	Zip Code		0.90
Coffeyville	KS	67337	Transaction ID : b9c8b7fb- Date of Disbursement or 0	
Purpose of Expenditure Mileage		Category/ Type 002	10 / 19	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Ms. Kay Hagan		Oppose	President Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought		1019001.87	Disbursement For: Primary 2014 Other (specify) ▶	/ X General
(a) SUBTOTAL of Itemized Independent Exper	nditures			20.90
(b) SUBTOTAL of Uniternized Independent Exp	oondituros			
(b) SOBTOTAL OF Officernized independent Exp	Jenulures		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any caparty committee) any political party committee	indidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 21 201	4
•				

Schedule E)	L /(1 L)(2)	1101120		PAGE 7 OF 77 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
			M	M / D D / Y Y Y Y
Check if 24-hour report 48-hour report	X New repo	ort Amends repo	rt filed on	<u> </u>
Full Name of Payee Dylan J Sparks				f Public Distribution/Dissemination
Mailing Address 915 East Market Ave				10 19 2014
			Amour	ıt
City	State	Zip Code		80.00
Searcy	AR	72149		action ID: 4dd1f11f-81de-4fe7-a f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 19 / Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	1	181557.23	Disbursement 2014 Ot	For: Primary
Full Name of Payee				of Public Distribution/Dissemination
Dylan J Sparks			M	M / D D / Y Y Y Y
Mailing Address 915 East Market Ave			 ∟	10 19 2014
915 East Market Ave			Amour	nt
City	State	Zip Code		55.80
Searcy	AR	72149		ction ID: 80604666-d405-4452-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	10 19 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		181557.23	Disbursement 2014 Ot	For: Primary X General ther (specify) ►
,				
(a) SUBTOTAL of Itemized Independent Expenditures.			•	135.80
(b) SUBTOTAL of Unitemized Independent Expenditure	es		· •	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M = M /	21 2014
Signature		_		

Sch	edule E)		TOTILO		PAGE 8 OF 77 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wc	omen Speak Out PAC				C C00530766
					M = M / D = D / Y = Y = Y
Chec		w repo	ort Amends re	port filed	d on
	ull Name of Payee Camille N Yearry				Date of Public Distribution/Dissemination
N	Mailing Address 2025 NE 67th St				Amount
	Sity State		Zip Code		35.00
- 1	Gladstone MO		64118		Transaction ID : 2aabfd43-865c-4a80-9 Date of Disbursement or Obligation
	rurpose of Expenditure Salary		Category/ Type 00)1	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ν	lame of Federal Candidate		Support	Office	e Sought: House District: 00
	Иr. Mark L Pryor		X Oppose		President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	1	81557.23	Disb 2014	ursement For: Primary
	full Name of Payee				Date of Public Distribution/Dissemination
	Camille N Yearry				10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	Mailing Address 2025 NE 67th St				
					Amount
	Dity State		Zip Code		18.24
	Gladstone MO		64118		Transaction ID : 52bb48ab-2742-44dd-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 00:	2	10 / 19 / 2014
١	lame of Federal Candidate		Support	Offic	e Sought: House District: 00
	Mr. Mark L Pryor		X Oppose		President State: AR State:
	Calendar Year-To-Date Per Election for Office Sought		181557.23	Disb 2014	ursement For: Primary General Other (specify) ▶
(a)	SUBTOTAL of Itemized Independent Expenditures			····· >	53.24
(b	SUBTOTAL of Unitemized Independent Expenditures			···· >	
(c)	TOTAL Independent Expenditures			····· >	
wit	der penalty of perjury I certify that the independent expend h, or at the request or suggestion of, any candidate or authorty committee) any political party committee or its agent.				
	Ms. Emily Buchanan	ectron	ically Filed] Da	ate	10 21 2014
	Signature		_		

Schedule E)	ENT EXILID	ITORES		PAGE 9 OF 77 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	X New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	: Distribution/Dissemination
Brett D Axsom			10	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 808 Windsor Perrineville Rd			Amount	
City	State	Zip Code		30.00
East Windsor	NJ	08520		D: eef9624a-2b1c-43d9-8 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	196654.67	Disbursement For: 2014 Other (spe	Primary X General ecify) ▶
Full Name of Payee			Date of Public	Distribution/Dissemination
Brett D Axsom			10	19 / 2014
Mailing Address 808 Windsor Perrineville Rd			Amount	
City	State	Zip Code		5.10
East Windsor	NJ	08520		: 2f125f0d-02ae-4899-b rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		196654.67	Disbursement For: 2014 Other (sp	Primary X General ecify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures			35.10
			7	4 4
(b) SUBTOTAL of Unitemized Independent Expo	enditures		>	
(c) TOTAL Independent Expenditures)	7
Under penalty of perjury I certify that the indepwith, or at the request or suggestion of, any car party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 21	2014
-				

Schedule E)	DEI ENDENT EXI END	101120		PAGE 10 OF 77 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-	hour report New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Dedrick W Dunbar			M = M	c Distribution/Dissemination
Mailing Address 6667 Avocado Dr			Amount	19 2014
City	State	Zip Code		30.00
Baton Rouge	LA	70812		ID: 19139221-445c-410a-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 10	19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	1	96654.67	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
Full Name of Payee Christopher L Gilbert Mailing Address 55 Lovell Johns	on Rd		Date of Publi	ic Distribution/Dissemination
City Picayune	State MS	Zip Code 39466		52.50 D: bfa77570-f837-41a5-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 10	/ 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		196654.67	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Indepen	dent Expenditures		•	82.50
(b) SUBTOTAL of Unitemized Indep	endent Expenditures		•	1 1 7 1 1 7 1
(c) TOTAL Independent Expenditure	98		•	
Under penalty of perjury I certify the with, or at the request or suggestion party committee) any political party	of, any candidate or authorized			
Ms. Emily Buchanan	[Electroni	ically Filed] Date	10 / 21	2014
Signature				

Schedule E)	NOLI ENDENT EXI END			PAGE 11 OF 77 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
			M = M	/ D D / Y Y Y
Check if 24-hour report X	18-hour report X New rep	ort Amends repo	rt filed on	
Full Name of Payee Christopher L Gilbert				c Distribution/Dissemination
Mailing Address 55 Lovell Johns	an Del		10	19 / 2014
Thailing / tearlood 55 Lovell Johns	on Ra		Amount	
City	State	Zip Code		29.40
Picayune	MS	39466		ID: 888f9655-fa3a-4475-a ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	19 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Soug	ght	196654.67	Disbursement For: 2014 Other (s	Primary ☐ General Decify) ▶
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Alexa S Dudley			M = M 10	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4367 Splitlog	Rd			
			Amount	
City	State	Zip Code		55.00
Goodman	MO	64843	Transaction I Date of Disb	D: 7689d4b5-d8b1-4d50-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Soug	ght	181557.23	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
•				
(a) SUBTOTAL of Itemized Indep	endent Expenditures		>	84.40
(b) SUBTOTAL of Unitemized Inc	lependent Expenditures		•	7 1 7
(c) TOTAL Independent Expendit	ures			
			•	4
	that the independent expenditures ion of, any candidate or authorized y committee or its agent.			
Ms. Emily Buchanan	[Electron	nically Filed] Date	10 21	/ Y Y Y Y Y 2014
Signature		_		

Schedule E)	ENT EXICIO	TI OTILO	PAGE FOR S	12 OF 77 E OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFIE	CATION NUMBER ▼
Women Speak Out PAC			C C00530	766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	t filed on M M / D = E	/
Full Name of Payee Alexa S Dudley			Date of Public Distrib	
Mailing Address 4367 Splitlog Rd			10 19	2014
			Amount	
City	State	Zip Code		30.00
Goodman	MO	64843	Transaction ID : fec1 Date of Disbursemen	
Purpose of Expenditure Mileage		Category/ Type 002	10 / 19	
Name of Federal Candidate		Support	Office Sought: Hous	e District: 00
Mr. Mark L Pryor		X Oppose	President X Sena	te State: AR
Calendar Year-To-Date Per Election for Office Sought		181557.23	Disbursement For: Pri 2014 Other (specify) ▶	mary X General
Full Name of Payee			Date of Public Distrib	ution/Dissemination
Aleksandra B Padua			10 19	
Mailing Address 110 Bridge gate Dr			Amount	
City	State	Zip Code		30.00
Cary	NC	27519	Transaction ID : aeab Date of Disbursemen	
Purpose of Expenditure Salary		Category/ Type 001	10 / 19	
Name of Federal Candidate		Support	Office Sought: Hous	se District: 00
Ms. Kay Hagan		Oppose	President X Sena	te State: NC
Calendar Year-To-Date Per Election for Office Sought	-,,	1019001.87	Disbursement For: Pr 2014 Other (specify) ▶	imary General
(a) SUBTOTAL of Itemized Independent Expendent	ditures		•	60.00
(b) SUBTOTAL of Unitemized Independent Exp	enditures			7 1 7 1
(4) 332 3312 31 3112 31 3112 3112 3112 311			7	4
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 21 Y	2014
5.g. (a.a.)				

Sch	nedule E)	PAGE 13 OF 77 FOR SE OF FORM 24/48	
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	,
Wo	omen Speak Out PAC	C C00530766	
		M - M / D - D / Y - Y - Y - Y	_
Chec	ck if 24-hour report X 48-hour report New report Amends report f	iled on	
F	Full Name of Payee Aleksandra B Padua	Date of Public Distribution/Dissemination	
	Mailing Address 110 Bridge gate Dr	10 19 2014	J
	5 To Bridge gate Di	Amount	
	City State Zip Code	10.62	
	Cary NC 27519	Transaction ID : 2c2fb112-3c85-4062-8 Date of Disbursement or Obligation	
	Purpose of Expenditure Mileage Category/ Type 002	10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y]
1	Name of Federal Candidate Support O	office Sought: House District: 00	
	Ms. Kay Hagan Oppose	President State: NC	_
	Calcinaa icai io Bato	isbursement For: Primary ⊠ General Other (specify) ▶	
	Full Name of Payee	Date of Public Distribution/Dissemination	_
Т	Patricia F Arnold	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	٦
1	Mailing Address 1117 Clipper Dr	10 13 2014	4
	••	Amount	
(City State Zip Code	23.00	
	Slidell LA 70458	Transaction ID: 6105afb2-d1f3-4da7-a Date of Disbursement or Obligation	
	Purpose of Expenditure Salary Category/ Type 001	10 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y]
1	Name of Federal Candidate Support O	Office Sought: House District: 00	
	Ms. Mary L Landrieu Oppose	President Senate State: LA	_
		olsbursement For: Primary General Old Other (specify) ►	_
(a	a) SUBTOTAL of Itemized Independent Expenditures	33.62	
(b	b) SUBTOTAL of Unitemized Independent Expenditures	•	
(с	c) TOTAL Independent Expenditures]
wi	nder penalty of perjury I certify that the independent expenditures reported herein were not ith, or at the request or suggestion of, any candidate or authorized committee or agent of earty committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date	10 21 2014	
	Signature		

Schedule E)	MEFORT OF INDEFENDE	INI EXI END	ITOTILS		PAGE 14 OF 77 FOR SE OF FORM 24/48
	MITTEE (In Full)			ı	FEC IDENTIFICATION NUMBER ▼
Women Sp	eak Out PAC				C C00530766
Check if 24	-hour report X 48-hour report	X New rep	ort Amends repo		M / D = D / Y = Y = Y
Full Name o	Payee			Date of	Public Distribution/Dissemination
	F Arnold				10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Walling Addi	ess 1117 Clipper Dr			Amoun	t
City		State	Zip Code	— ["	0.90
Slidell		LA	70458		ction ID: 96d0ea1e-b342-4de0-8 Disbursement or Obligation
Purpose of I Mileage	Expenditure		Category/ Type 002		10 19 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Fe	deral Candidate		Support	Office Sought:	House District: 00
Ms. Mary L	_andrieu		X Oppose	Presider	Senate State: LA
	ar Year-To-Date ction for Office Sought	1	196654.67	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
Full Name o				Date o	f Public Distribution/Dissemination
Rhonda					10 19 2014
Mailing Addı	ess 2704 E Glen Oaks Dr			Amoun	t
City		State	Zip Code	$-\Gamma$	30.00
Wichita		KS	67216		tion ID: d0a55c90-2075-46b0-b f Disbursement or Obligation
Purpose of Salary	Expenditure		Category/ Type 001		19 / 2014
Name of Fe	deral Candidate		Support	Office Sought	House District: 00
Mr. Greg Or	man		X Oppose	Preside	
	ar Year-To-Date ction for Office Sought	7 7	15723.35	Disbursement 2014 Ott	For: Primary X General oner (specify) ►
(a) SUBTOTA	L of Itemized Independent Expenditu	ıres			30.90
(.,					7 7
(b) SUBTOTA	L of Unitemized Independent Expen	ditures		•	7 7 7
(c) TOTAL In	dependent Expenditures			· •	7 7
with, or at the	of perjury I certify that the indepen request or suggestion of, any candi ee) any political party committee or it	date or authorized			
Signature	Ms. Emily Buchanan	[Electron	ically Filed] Date	10	21 / 2014
- 3					

Sch	edule E)		II OILO		PAGE 15 OF 77 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wc	omen Speak Out PAC				C C00530766
Chec	ck if 24-hour report X 48-hour report No	ew rep	port Amends repo	ort filed o	on M = M / D = D / Y = Y = Y
	Full Name of Payee	—			Date of Public Distribution/Dissemination
	Rhonda Moback				10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	Mailing Address 2704 E Glen Oaks Dr				Amount
	Dity State		Zip Code		6.90
	Wichita KS		67216		Transaction ID : 548a439d-a465-4fdd-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		10 19 / 2014
N	Name of Federal Candidate		Support	Office	Sought: House District: 00
	Mr. Greg Orman		X Oppose		President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought		15723.35	Disburs 2014	sement For: Primary
	Full Name of Payee				Date of Public Distribution/Dissemination
	Irene R Hoyer				10 19 2014
1	Mailing Address 4310 N Mission Rd				10 10 2011
					Amount
	City State		Zip Code		25.00
	Bel Aire KS		67226	Т	ransaction ID : d9cbd2a5-d05d-484c-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		10 19 / 2014
1	Name of Federal Candidate		Support	Office	Sought: House District: 00
	Mr. Greg Orman		Oppose		President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought		15723.35	Disburs 2014	sement For:
(a) SUBTOTAL of Itemized Independent Expenditures			·· •	31.90
(b	substotal of Unitemized Independent Expenditures			.	
(с) TOTAL Independent Expenditures			·· •	
wi	nder penalty of perjury I certify that the independent expen- th, or at the request or suggestion of, any candidate or author arty committee) any political party committee or its agent.				
	Ms. Emily Buchanan [E	Electron	nically Filed] Date	e 10	M / D D / Y Y Y Y Y Y 21
	Signature		_		

Schedule E)	iti Exi Eiti	DITORLO	PAGE 16 OF 77 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Irene R Hoyer			10 19 / 2014
Mailing Address 4310 N Mission Rd			Amount
City	State	Zip Code	7.05
Bel Aire	KS	67226	Transaction ID : c0fc4259-ea0e-42c5-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 19 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Greg Orman		X Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		15723.35	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Jon Linch			10 19 / 2014
Mailing Address 6108 Harkins Ave			Amount
City	State	Zip Code	35.00
Little Rock	AR	72210	Transaction ID: 7bfaf8a7-52e6-4893-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 19 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	-,,	181557.23	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		42.05
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		>
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or	idate or authorize		
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	10 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S.g.iataio			

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 17 OF 77 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jon Linch			10 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6108 Harkins Ave			Amount
City	State	Zip Code	13.80
Little Rock	AR	72210	Transaction ID: 2717c16a-fa51-41a7-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	.,.,	181557.23	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Lydia H DeGisi			10
Mailing Address 9513 Beverly Dr			Amount
City	State	Zip Code	30.00
Overland Park	KS	66207	Transaction ID : f05c606f-3328-4ccd-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 19 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Greg Orman		X Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		15723.35	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		43.80
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Sche	dule E)	LXI LIVE	101120		PAGE 18 OF 77 FOR SE OF FORM 24/48	
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER	
Won	nen Speak Out PAC				C C00530766	
O	· · · · · · · · · · · · · · · · · · ·		. 🗆 .	. (1)	M = M / D = D / Y = Y = Y	Y
Check i	if 24-hour report X 48-hour report	X New repo	ort Amends rep	oort filed on		
	Name of Payee ydia H DeGisi			D	ate of Public Distribution/Dissemination	
Mai	iling Address 9513 Beverly Dr			A	mount	
City	<i>y</i>	State	Zip Code	— Г	6.0	0
	verland Park	KS	66207		ransaction ID: 9f31b6e4-6696-4f47-bate of Disbursement or Obligation	
	pose of Expenditure leage		Category/ Type 002	_	10 19 2014	Y
Nar	me of Federal Candidate		Support	Office So	ought: House District: 00)
Mr	. Greg Orman		X Oppose	Pr	esident State: KS	<u> </u>
	Calendar Year-To-Date Per Election for Office Sought		15723.35	Disburse 2014	ment For:	∍ral ——
	Name of Payee			D	ate of Public Distribution/Disseminatio	n
18	alia J DeGisi				10 19 2014	Υ
Ма	iling Address 9513 Beverly Dr					_
				A	mount	_
City	y	State	Zip Code		25.00	
	verland Park	KS	66207		ansaction ID: 00d0c247-3b92-41d9-8 ate of Disbursement or Obligation	
	rpose of Expenditure alary		Category/ Type 001		10 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Na	me of Federal Candidate		Support	Office S	ought: House District: 0	0
Mr	. Greg Orman		X Oppose	Pr	esident X Senate State: KS	<u> </u>
	Calendar Year-To-Date Per Election for Office Sought		15723.35	Disburse 2014	ment For:	eral
(a) \$	SUBTOTAL of Itemized Independent Expenditures.			▶	31.00	
(b) \$	SUBTOTAL of Unitemized Independent Expenditure	es		▶		
(c) T	TOTAL Independent Expenditures			···· •		
with,	er penalty of perjury I certify that the independent or at the request or suggestion of, any candidate or committee) any political party committee or its ag	or authorized				
	Ms. Emily Buchanan	[Electroni	cally Filed] Da	te 10	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
S	ignature					

Schedule E)	TI EXI END			PAGE 19 OF 77 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
			L M	M / D D / Y Y Y Y
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	
Full Name of Payee Talia J DeGisi				of Public Distribution/Dissemination
Mailing Address 9513 Beverly Dr			L	10 19 2014
January 2010 Develoy Di			Amour	nt
City	State	Zip Code		4.80
Overland Park	KS	66207		action ID : f8d7621d-eda8-4a7f-a of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	10 19 / 2014
Name of Federal Candidate		Support	Office Sought	t: House District: 00
Mr. Greg Orman		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7 7	15723.35	Disbursement 2014 Ot	t For: Primary
Full Name of Payee			Date of	of Public Distribution/Dissemination
Courtney Goldstein			М	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1809 N Woodlawn				لىنى لنا ك
			Amoui	nt
City	State	Zip Code		30.00
Metairie	LA	70001	Transa Date of	ction ID: 0401e780-3a13-468b-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	10 / 19 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		Oppose	Preside	ent X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	196654.67	Disbursemen 2014 O	t For:
•				
(a) SUBTOTAL of Itemized Independent Expenditure	es		•	34.80
(b) SUBTOTAL of Unitemized Independent Expendi	tures		· •	
(c) TOTAL Independent Expenditures			· .	7 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electroi	nically Filed] Date	, 10 /	21 2014
Signature		_		

Scł	hedule E)	PAGE 20 OF 77 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC	C C00530766
Che	cck if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Τ	Full Name of Payee Date Courtney Goldstein	e of Public Distribution/Dissemination
ŀ	Mailing Address 1809 N Woodlawn Amo	10 19 2014
	Alle	Junt
1	City State Zip Code	4.20
	Date	nsaction ID: 7ec05be3-8eeb-4584-a e of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 19 / 2014
ľ	Name of Federal Candidate Support Office Sou	ght: House District: 00
1	Ms. Mary L Landrieu Presi	ident State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbursement 196654.67 Disbursement 196654.67	ent For:
ŀ		e of Public Distribution/Dissemination
1	Mary D Meens	M = M / D = D / Y = Y = Y
-	Mailing Address 5724 SW Arrowhead Ct	10 19 2014
1		ount
ŀ	City State Zip Code	40.00
	Date	saction ID: 54377ec3-86ec-42da-9 e of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Name of Federal Candidate Support Office Sou	ght: House District: 00
	Mr. Greg Orman Oppose Presi	ident X Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbursement 2014	ent For: Primary ⊠ General Other (specify) ▶
(a	a) SUBTOTAL of Itemized Independent Expenditures	44.20
(I	b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(0	c) TOTAL Independent Expenditures	7 1 7 1 7
W	Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (in arty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 10	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

Sched	dule E)	EXI EIIDI	TOTILO				PAGE 21 OF FOR SE OF FORM	
	OF COMMITTEE (In Full)					FEC ID	ENTIFICATION NU	
Won	nen Speak Out PAC					C	C00530766	
Check i	if 24-hour report X 48-hour report	New repo	ort Amen	nds repor	rt filed on	- M /	D D / Y Y	Y
	Name of Payee lary D Meens					of Public	Distribution/Dissen	nination
Mai	illing Address 5724 SW Arrowhead Ct				Amou	10		014
0:1-		<u> </u>	o 1-					10.20
City	-	State KS	Zip Code 66614				D : c3d04408-8a4c- rsement or Obligation	
	rpose of Expenditure lleage		Category/ Type	002		10	D D / Y T	2014
Nar	me of Federal Candidate		Sur	pport	Office Sough	t:	House District	t:00
Mr.	r. Greg Orman			pose	Preside	_	_ -	
	Calendar Year-To-Date Per Election for Office Sought		15723.35		Disbursement 2014 O	t For: ther (spe		General
	Name of Payee rancis Richardson					of Public		mination 2014
Ma	ailing Address 220 Doucet Rd				Amou			
City	y E	State	Zip Code					25.00
		LA	70503		Transa Date	of Disbu	: 8fa534fd-c1f0-46 rsement or Obligati	2f-8 on
	rpose of Expenditure alary		Category/ Type	001		10		2014
Naı	me of Federal Candidate		Suj	pport	Office Sough	ıt:	House Distric	t: <u>00</u>
Ms	s. Mary L Landrieu		X Op	pose	Presid	,	Senate State	•
	Calendar Year-To-Date Per Election for Office Sought		196654.67		Disbursemer 2014	t For: ther (sp		General
(a) \$	SUBTOTAL of Itemized Independent Expenditures				.		3	5.20
(b) \$	SUBTOTAL of Unitemized Independent Expenditure	es			· [4
(c) 1	TOTAL Independent Expenditures				· [1 7		<u> </u>
with,	er penalty of perjury I certify that the independent , or at the request or suggestion of, any candidate y committee) any political party committee or its age	or authorized						
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	10	21	2014	1
S	Signature		_					-

Schedule E)		PAGE 22 OF 77 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report fil	ed on M M / D D / Y Y Y Y Y
Full Name of Payee		Date of Public Distribution/Dissemination
Francis Richardson		10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 220 Doucet Rd		Amount
City State	Zip Code	1.11
Lafayette LA	70503	Transaction ID: d8e31c8c-0975-4aba-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 19 / 2014
Name of Federal Candidate	Support Off	fice Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	196654.67 Dis	sbursement For: Primary X General 14 Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Christopher Marquess		10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 110 W Pecan St		Amount
City State	Zip Code	55.00
Ville Platte LA	70586	Transaction ID: 8073ea8f-5a20-4d3e-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 / D J / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Of	fice Sought: House District:00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		sbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		56.11
(,,		7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expe with, or at the request or suggestion of, any candidate or au party committee) any political party committee or its agent.		
Ms. Emily Buchanan	Electronically Filed] Date	10 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	JENT EXTEND	ITORES	<u> </u>	PAGE 23 OF 77 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C co	00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public [Distribution/Dissemination
Christopher Marquess			10	19 / 2014
Mailing Address 110 W Pecan St			Amount	
City	State	Zip Code		36.00
Ville Platte	LA	70586	I	: 6f779405-4a00-4fd2-8 ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 /	19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		196654.67	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee	_		Date of Public I	Distribution/Dissemination
Lisa Booth			10	19 / 2014
Mailing Address 1434 South Avenue			Amount	
City	State	Zip Code		100.00
Eden	NC	27288		69c19089-33f4-4613-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 /	19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1019001.87	Disbursement For: 2014 Other (spec	Primary
(a) SUBTOTAL of Itemized Independent Exper	nditures		·	136.00
(b) SUBTOTAL of Unitemized Independent Ex	oenditures		>	
(c) TOTAL Independent Expenditures			>	4
Under penalty of perjury I certify that the inde with, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 21	2014
•				

Sche	edule E)	EXI ENDI	TONEO				PAGE 24 OF 77 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Wo	men Speak Out PAC					С	C00530766
Check	x if 24-hour report X 48-hour report	New repo	ort An	nends repo	ort filed on	M = M	/ D = D / Y = Y = Y
	ull Name of Payee Lisa Booth				Dat		c Distribution/Dissemination
	lailing Address 1434 South Avenue					10	19 / 2014
					Am	ount	
С	ity		Zip Code			,	17.40
	Eden	NC	27288				ID: 11c234e9-8f9d-408e-a ursement or Obligation
	urpose of Expenditure Mileage		Category/ Type			10 M	19 / 2014
N	ame of Federal Candidate			Support	Office Sou	ıght:	House District:00
M	/Is. Kay Hagan			Oppose	Pres	sident	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	10)19001.87		Disbursem 2014	nent For: Other (sp	Primary
	iull Name of Payee				Da		ic Distribution/Dissemination
ľ	Kenny Wallis					м = м 10	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	failing Address 6412 Osage Dr				Am	nount	
	NA	Ctoto	7:- Codo				20.00
	Sity North Little rock	State AR	Zip Code 72116		Trai	nsaction II	D: a13ca2f6-8327-4dea-9 ursement or Obligation
	rurpose of Expenditure Salary		Category/ Type			10 10 M	/ 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	lame of Federal Candidate			Support	Office Sou	ught:	House District: 00
N	Иг. Mark L Pryor			Oppose	Pres	sident	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		181557.2	23	Disbursen 2014	nent For:	Primary
(a)	SUBTOTAL of Itemized Independent Expenditures.						37.40
(b)	SUBTOTAL of Unitemized Independent Expenditure	∍s			·· •	7	
(c)	TOTAL Independent Expenditures					-	
with	der penalty of perjury I certify that the independent h, or at the request or suggestion of, any candidate rty committee) any political party committee or its ag	or authorized					
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	m M M M M M M M M M M M M M M M M M M M	/ 21	2014
	Signature						

Schedule E)	INT EXTEND	HONES	PAGE 25 OF 77 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination
Mailing Address 6412 Osage Dr			10 19 2014 Amount
City North Little rock	State AR	Zip Code 72116	9.99 Transaction ID : f1057637-9e62-4d2e-b
Purpose of Expenditure Mileage		Category/ 002	Date of Disbursement or Obligation
		Type 002	10 19 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		181557.23	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Brandy Starns			10 19 2014
Mailing Address 300 Evangeline St			Amount
City	State	Zip Code	45.00
Monroe	LA	71201	Transaction ID: 883341ad-1f7f-4a19-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 19 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	196654.67	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expending	tures		54.99
(b) SUBTOTAL of Unitemized Independent Expe	nditures		>
(c) TOTAL Independent Expenditures			•
	didate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 21 2014
Signature			

Schedule E)	LIVI EXI END	HONES	PAGE 26 OF 77 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Brandy Starns			10 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 300 Evangeline St			Amount
City	State	Zip Code	4.50
Monroe	LA	71201	Transaction ID : c68e4417-5bf1-4b04-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 / 19 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		196654.67	Disbursement For: Primary
Full Name of Payee			Date of Public Distribution/Dissemination
Lee R Carter			10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3110 Brentwood Rd			Amount
City	State	Zip Code	30.00
Raleigh	NC	27604	Transaction ID: 146570ab-935e-4716-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / 19 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1019001.87	Disbursement For: Primary General 2014 Gther (specify) ►
(a) SUBTOTAL of Itemized Independent Expen	ditures		34.50
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		· •
(c) TOTAL Independent Expenditures			•
	ndidate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 21 2014
=			

Schedule E)	IVI EXI END	II OILEO		PAGE 27 OF 77 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Lee R Carter			Date of	Public Distribution/Dissemination
Mailing Address 3110 Brentwood Rd			10	
			Amount	
City	State	Zip Code		12.90
Raleigh	NC	27604		tion ID: 2fdf4f82-b77e-4b00-8 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 10	M / D D / Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	019001.87	Disbursement F 2014 Othe	For: Primary X General er (specify) ▶
Full Name of Payee				Public Distribution/Dissemination
Rose T Walker			M 1	
Mailing Address 6403 E Admiral Doyle Dr				لسنسا لنا ك
			Amount	
City	State	Zip Code		20.00
Jeanerette	LA	70544		ion ID: eb3a0fe9-b7db-4692-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 10	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presiden	t X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	· · · · · · · ·	196654.67	Disbursement I 2014 Oth	For: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		•	32.90
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•	7
(c) TOTAL Independent Expenditures			•	4 1 4 1 4 1
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	idate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		21 2014
Signature				

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y
Full Name of Payee Rose T Walker	Date of Public Distribution/Dissemination
	10 19 2014
Mailing Address 6403 E Admiral Doyle Dr	Amount
City State Zip Code	4.50
Jeanerette LA 70544	Transaction ID: 6c02300b-ee59-4464-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought Disbur 2014	rsement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
OLynda Walker	M M / D D / Y Y Y Y
Mailing Address 10000 Mount Pleasant Rd	10 19 2014 Amount
City State 7in Code	50.00
City State Zip Code Midland NC 28107	50.00 Transaction ID : 4e8e4609-d661-4c02-b
Purpose of Expenditure	Date of Disbursement or Obligation
Salary Category/ Type 001	10 19 2014
Name of Federal Candidate Support Office	Sought: House District: 00
Ms. Kay Hagan	President State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary X General Other (specify) ▶
() OURTOTAL ()	
(a) SUBTOTAL of Itemized Independent Expenditures	54.50
(b) SUBTOTAL of Unitemized Independent Expenditures	7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	0 21 2014
Signature	

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OF

Schedule E)	DENT EXICIO	HONES	PAGE 29 OF 77 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	rt New rep	oort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
OLynda Walker			10 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 10000 Mount Pleasant Rd			Amount
City	State	Zip Code	11.40
Midland	NC	28107	Transaction ID : d5c175e6-7c10-4fc4-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 19 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	019001.87	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Zachary Vidrine			10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 202 Rue Des Cajun			Amount
City	State	Zip Code	55.00
Ville Platte	LA	70586	Transaction ID : d8ce0c76-cdbb-4f67-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 19 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		196654.67	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		66.40
			7 7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		>
(c) TOTAL Independent Expenditures			•
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

Schedule E)	INT EXI END	TIONES	PAGE 30 OF 77 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Zachary Vidrine			10 19 / 2014
Mailing Address 202 Rue Des Cajun			Amount
City	State	Zip Code	19.50
Ville Platte	LA	70586	Transaction ID : f327ca86-210c-4ae2-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	· · · · · ·	196654.67	Disbursement For: Primary General Q014 Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Shelbi L Randall			10 19 2014
Mailing Address 202 East Park Ave Apt 40			Amount
City	State	Zip Code	47.50
Searcy	AR	72143	Transaction ID : 53e9dee7-72fa-4018-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 19 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	181557.23	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		67.00
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exper	ditures		•
(c) TOTAL Independent Expenditures			·
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or in	idate or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

Schedule E)	TI EXI EITE	TT OTTES		PAGE 31 OF 77 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee Shelbi L Randall			Date of Pub	olic Distribution/Dissemination
Mailing Address 202 East Park Ave Apt 40			10 Amount	19 2014
City	State	Zip Code		27.00
Searcy	AR	72143		n ID : 492c3580-89ff-45ce-a bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M M 10	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	181557.23	Disbursement For: 2014 Other (Primary X General Specify) ▶
Full Name of Payee Gregory Green			Date of Put	olic Distribution/Dissemination
Mailing Address 2506 Bolch Street			Amount	
City	State	Zip Code		70.00
Shreveport	LA	71104	Transaction Date of Dis	ID: fa50606e-a2d4-4690-9 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	196654.67	Disbursement For: 2014 Other (Primary X General specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			97.00
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		· •	7 1 4 1 4 1
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		2014
Signature				

ooneddie E	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Gregory Green	10 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2506 Bolch Street Ar	mount
City State Zip Code	32.10
Shreveport LA 71104 Tr	ransaction ID : 57a13f40-48db-4385-a ate of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 19 / 2014
Name of Federal Candidate Support Office Sc	ought: House District:00
Mc Many Llandricu	esident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disburser 2014	ment For:
Full Name of Payee Taylor N Randall	Other (specify) ate of Public Distribution/Dissemination
	10 19 2014
Mailing Address 2002 E Park Ave Apt 40	mount
City State Zip Code	47.50
	ansaction ID : fa7a07cd-36a4-4ce2-9 ate of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 19 2014
Name of Federal Candidate Support Office Sc	ought: House District: 00
	esident Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ment For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	79.60
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	21 2014
Signature	

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OF

Sche	edule E)	1 E/ E/(-)	1101120		PAGE 33 OF 77 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	men Speak Out PAC				C C00530766
Check	s if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
	ull Name of Payee Lilly Green				of Public Distribution/Dissemination
M	ailing Address 205 Medallion Circle			Amou	10 19 2014 nt
Ci	itv	State	Zip Code		80.00
	Shreveport	LA	71119		action ID : 505b47b1-0e33-4cca-b of Disbursement or Obligation
	urpose of Expenditure Salary		Category/ Type 001		10 19 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Na	ame of Federal Candidate		Support	Office Sough	t: House District: 00
N	ns. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	1	196654.67	Disbursement 2014 O	t For:
	ull Name of Payee Lilly Green				of Public Distribution/Dissemination
М	lailing Address 205 Medallion Circle			Amou	للنبا لنا لن
С	ity	State	Zip Code		73.50
	Shreveport	LA	71119	Transa Date	oction ID : 1633c073-5e88-4405-8 of Disbursement or Obligation
	urpose of Expenditure Mileage		Category/ Type 002		10 19 / 2014
N	ame of Federal Candidate		Support	Office Sough	t: House District:00
M	/Is. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	, , ,	196654.67	Disbursemen 2014 O	t For:
(a)	SUBTOTAL of Itemized Independent Expenditure	;S			153.50
(b)	SUBTOTAL of Unitemized Independent Expenditu	ures		· •	
(c)	TOTAL Independent Expenditures			· [7
with	der penalty of perjury I certify that the independe n, or at the request or suggestion of, any candidat ty committee) any political party committee or its	te or authorized			
_	Ms. Emily Buchanan	[Electron	cically Filed] Date	10	21 2014
	Signature				

Schedule E)	MOEI ENDENT EXI EN	31101120	PAGE 34 OF 77 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PA	(C		C C00530766
Check if 24-hour report	48-hour report New re	eport Amends report	t filed on
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination
Mailing Address P.O. Box 71	2		10
City	Ctoto	7in Codo	40.00
City Alexander	State AR	Zip Code 72002	40.00 Transaction ID : fc8c844b-0063-4125-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 19 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office S	ought		Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination
Mailing Address P.O. Box	712		10 19 2014 Amount
City	State	Zip Code	26.70
Alexander	AR	72002	Transaction ID : acfee6b2-1f5c-4a89-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President X Senate State: AR
Calendar Year-To-Date Per Election for Office S	ought		Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Inc	dependent Expenditures		66.70
(b) SUBTOTAL of Unitemized	Independent Expenditures		·
(c) TOTAL Independent Exper	nditures		•
	estion of, any candidate or authorize		ot made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchana		onically Filed] Date	10 21 2014
Signature			

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on Amends report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Adam K Plunkett	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9760 N Pomona Ave	Amount
City State	e Zip Code 90.00
Kansas Cuty MO	64153 Transaction ID : fad453c3-3202-411d-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Greg Orman	Oppose President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Adam K Plunkett Mailing Address 9760 N Pomona Ave	Date of Public Distribution/Dissemination 10 19 2014
	Amount
City State	e Zip Code 73.26
Kansas Cuty MO	64153 Transaction ID : 92a210a7-b88b-41dc-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ 002 10 10 19 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Greg Orman	Oppose President X Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	163.26
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	······································
	penditures reported herein were not made in cooperation, consultation, or concert authorized committee or agent of either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electronically Filed] Date 10 21 2014
Signature	

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OF

						FOR SE OF	FORM 24/48
NAME OF COMMITTEE (In Full)					FEC I	DENTIFICATION	ON NUMBER ▼
Women Speak Out PAC					С	C00530766	
Check if 24-hour report X 48-hour report	X New repo	rt Ame	ends repo		Л = M	/ D = D /	Y = Y = Y
Full Name of Payee				Date	of Publ	ic Distribution/	Dissemination
Kelli R Zimmerman					10 N	19	2014
Mailing Address 248 Hungerford				Amou	unt		
City	State	Zip Code		— Г.			25.00
Haysville	KS	67060				ID: 27490618 ursement or C	
Purpose of Expenditure Salary		Category/ Type	001		10	19	2014
Name of Federal Candidate		S	Support	Office Sough	nt:	House	District:00
Mr. Greg Orman			Oppose	Presid		X Senate	State: KS
Calendar Year-To-Date Per Election for Office Sought		15723.35		Disbursemer		Primary pecify) ▶	X General
Full Name of Payee Kelli R Zimmerman				Date		ic Distribution/	Dissemination 2014
Mailing Address 248 Hungerford				Amoi			2011
City	State	Zip Code					3.00
Haysville	KS	67060				D: 3a4ede88- oursement or C	
Purpose of Expenditure Mileage		Category/ Type	002		10	19 /	2014
Name of Federal Candidate	·	S	Support	Office Soug	ht:	House	District:00
Mr. Greg Orman		\overline{X}	Oppose	Presid	lent	X Senate	State: KS
Calendar Year-To-Date Per Election for Office Sought	,	15723.35	5	Disburseme 2014		Primary	General
(a) SUBTOTAL of Itemized Independent Expenditures.				.	-		28.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es			•		1 1 7	
(c) TOTAL Independent Expenditures				•	-	7	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized						
Ms. Emily Buchanan Signature	[Electronic	cally Filed]	Date	10	21	/ Y Y 201	
Signature							

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OF

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report fill	ed on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Konner M Żimmerman	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 248 Hungerford	Amount
City State Zip Code	25.00
Haysvile KS 67060	Transaction ID: ea22b271-cbbb-40bc-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 / 19 / 2014
Name of Federal Candidate Support Of	fice Sought: House District: 00
Mr. Greg Orman Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought Diagram 15723.35	sbursement For: Primary
Full Name of Payee Konner M Zimmerman	Date of Public Distribution/Dissemination
	10 19 2014
Mailing Address 248 Hungerford	Amount
City State Zip Code	3.00
Haysvile KS 67060	Transaction ID: 2035d5c1-11c7-46fa-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 19 / 2014
Name of Federal Candidate Support Of	fice Sought: House District: 00
Mr. Greg Orman Oppose	President Senate State: KS
	sbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	28.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	10 21 2014
Signature	

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OF

Schedule E)	DENT EXICIO	ITOTILO	PAGE 38 OF 77 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repo	rt New rep	ort Amends repo	rt filed on
Full Name of Payee Chris McCoy			Date of Public Distribution/Dissemination
Mailing Address 1025 Cayley Ct			10 19 / 2014
1020 04/10/ 01			Amount
City	State	Zip Code	57.50
High Point	NC	27260	Transaction ID: 4e16c770-b28f-47da-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 19 / Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	019001.87	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Chris McCoy			10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1025 Cayley Ct			Amount
City	State	Zip Code	18.90
High Point	NC	27260	Transaction ID: 745ed0ac-c6ef-4ef2-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 19 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		1019001.87	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	enditures		76.40
(b) SUBTOTAL of Unitemized Independent Ex	rpenditures		•
(c) TOTAL Independent Expenditures			•
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3			

Schedule E)	DENT EXTEND	ITOTILO	PAGE 39 OF 77 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	t New rep	ort Amends repo	rt filed on
Full Name of Payee Philip Elkins			Date of Public Distribution/Dissemination
Mailing Address 227 Lincoln Dr			10 19 2014 Amount
City	State	Zip Code	10.00
Bossier City	LA	71111	Transaction ID: 85b6cc35-eca3-42c8-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		196654.67	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Philip Elkins			Date of Public Distribution/Dissemination
Mailing Address 227 Lincoln Dr			10 19 2014 Amount
City	State	Zip Code	19.74
Bossier City	LA	71111	Transaction ID : 17d9514b-680c-4a8c-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 19 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		196654.67	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		. ▶ 29.74
(b) SUBTOTAL of Unitemized Independent Ex	penditures		. •
(c) TOTAL Independent Expenditures			•
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signaturo			

Schedule E)	HEFORT OF INDEFENDE	INI EXI END	TOTILO		PAGE 40 OF 77 FOR SE OF FORM 24/48
NAME OF COM	` ,				FEC IDENTIFICATION NUMBER ▼
vvomen Sp	eak Out PAC				C C00530766
Check if 24	hour report X 48-hour report	New rep	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of				Date	of Public Distribution/Dissemination
Rachel I				[10 / 19 / 2014
Mailing Addre	Box #11543 915 E Market Ave			Amo	unt
City		State	Zip Code		30.00
Searcy		AR	72149		saction ID : 6d72a3e0-53ae-47cb-a of Disbursement or Obligation
Purpose of E Salary	xpenditure		Category/ Type 001		10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Fed	leral Candidate		Support	Office Soug	ht: House District: 00
Mr. Mark L F	ryor		X Oppose	Presid	dent State: AR
	r Year-To-Date ction for Office Sought	1	81557.23	Disburseme	ent For:
Full Name or				Date	of Public Distribution/Dissemination
Rachel F				[10 19 / 2014
Mailing Addr	Box #11543 915 E Market Ave			Amo	ount
City		State	Zip Code		16.53
Searcy		AR	72149		saction ID: 6023e043-020b-416f-9 e of Disbursement or Obligation
Purpose of E Mileage	expenditure		Category/ Type 002] [10 19 / 2014
Name of Fed	deral Candidate		Support	Office Soug	ght: House District: 00
Mr. Mark L F	'ryor		X Oppose	Presi	
	ar Year-To-Date ction for Office Sought	7 1 7	181557.23	Disburseme 2014	ent For: Primary X General Other (specify) ►
(a) SUBTOTA	L of Itemized Independent Expenditu	ıres			46.53
					7 7 7
(b) SUBTOTA	L of Unitemized Independent Expendent	ditures		· •	7 7 7
(c) TOTAL In	dependent Expenditures			• [7 7
with, or at the		date or authorized			cooperation, consultation, or concert f the reporting entity is not a political
Signature	Ms. Emily Buchanan	[Electron	ically Filed] Date	10	21 / 2014
-					

Schedule E)	PERTI EXI END			PAGE 41 OF 77 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	X New rep	ort Amends repo	ort filed on	/ / D = D / Y = Y = Y
	Mew Tep	ort America repo	of timed on	
Full Name of Payee Natalie M Foutch			Date of F	
Mailing Address 1057 Waldron Road			Amount	
City	State	Zip Code		30.00
LaVergne	TN	37086		ion ID: e1631469-3dc6-4ff6-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	181557.23	Disbursement For 2014 Othe	or:
Full Name of Payee			Date of F	Public Distribution/Dissemination
Billy Martin			M 10	
Mailing Address 250 JS Brewton rd				للنتا لتا ل
			Amount	
City	State	Zip Code	TI::	50.00
goldonna	LA	71031		on ÍD : 187a5bád-7da5-4743-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	^M 10	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		196654.67	Disbursement F 2014 Othe	or:
(a) SUBTOTAL of Itemized Independent Exper	nditures		•	80.00
(b) SUBTOTAL of Uniternized Independent Exp	penditures		· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any cap party committee) any political party committee	ndidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M M / D	21 2014
Signature		_		

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 42 OF 77 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Billy Martin			10 19 / 2014
Mailing Address 250 JS Brewton rd			Amount
City	State	Zip Code	3.90
goldonna	LA	71031	Transaction ID: 6a5b0843-6ec3-4d55-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 19 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	196654.67	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Julie M Gentry			10 19 2014
Mailing Address 314 S Main St			Amount
City	State	Zip Code	10.00
Roxboro	NC	27573	Transaction ID : fea2e3e2-8020-4c94-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 19 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1019001.87	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	ditures		13.90
(b) SUBTOTAL of Unitemized Independent Exp	ondituros		
(b) SOBTOTAL OF OFMERINZED INDEPENDENT EXP	enditures		
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Julie M Gentry	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 314 S Main St	Amount
	City State Zip Code	3.15
	Roxboro NC 27573	Transaction ID: 0214802f-201b-4935-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut	ursement For: Primary General
	Full Name of Pause	Other (specify)
	Full Name of Payee Brenda L McCune	Date of Public Distribution/Dissemination
	Mailing Address 1254 Fleming St Apt 6	10 19 2014 Amount
	City State Zip Code	10.00
	Conway AR 72032	Transaction ID : a4cf7120-3ee9-47c2-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 19 2014
	Name of Federal Candidate Support Office	e Sought: House District:00
	Mr. Mark L Pryor Oppose	President State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	13.15
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	(7) (1) 7) 11	0 21 2014
	Signature	

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OF

Schedule E)	LIVI EXI END	TIONES	PAGE 44 OF FOR SE OF FORM 24/	77 /48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBI	ER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	t filed on	Y
Full Name of Payee Brenda L McCune			Date of Public Distribution/Disseminal	
Mailing Address 1254 Fleming St Apt 6			10 19 2014	Y
7254 Fiching Grapes			Amount	_
City	State	Zip Code	3	3.60
Conway	AR	72032	Transaction ID : b57dbe81-38ca-490 Date of Disbursement or Obligation	b-9
Purpose of Expenditure Mileage		Category/ Type 002	10 19 Y 2014	
Name of Federal Candidate		Support	Office Sought: House District:	00
Mr. Mark L Pryor		X Oppose	President X Senate State:	AR
Calendar Year-To-Date Per Election for Office Sought		181557.23	Disbursement For: ☐ Primary ☐ Ge 2014 ☐ Other (specify) ▶	eneral
Full Name of Payee	<u> </u>		Date of Public Distribution/Dissemina	tion
ERIC TABARY			10 19 2014	
Mailing Address 6101 NORA ST			Amount	
City	State	Zip Code	70.	00
METAIRIE	LA	70003	Transaction ID: 63b4d919-4d04-43a4 Date of Disbursement or Obligation	1-8
Purpose of Expenditure Salary		Category/ Type 001	10 19 / Y Y 2014	
Name of Federal Candidate		Support	Office Sought: House District:	00
Ms. Mary L Landrieu		X Oppose	President State:	LA
Calendar Year-To-Date Per Election for Office Sought	7	196654.67	Disbursement For: Primary X Ge 2014 Other (specify) ▶	eneral
(a) SUBTOTAL of Itemized Independent Expen	ditures		73.60)
#N				=
(b) SUBTOTAL of Unitermized Independent Exp	enditures		•	
(c) TOTAL Independent Expenditures)	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 21 / 2014	
- 3				

Schedule E)	TI EXI EITE			PAGE 45 OF 77 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D D / Y D Y D Y
Full Name of Payee Daniel E Collison			М = М	blic Distribution/Dissemination
Mailing Address 3315 Cardinal Ridge Rd			Amount	19 2014
City	State	Zip Code		15.00
Greensboro	NC	27410		n ID : 43686f8c-b1a5-4d44-a
Purpose of Expenditure Salary		Category/ Type 001	10 M	19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	019001.87	Disbursement For 2014 Other	Primary X General
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
Daniel E Collison			M = M 10	19 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3315 Cardinal Ridge Rd			Amount	.5 .2014
Cit.	Otata	7:n Code		4.00
City Greensboro	State NC	Zip Code 27410	Transaction Date of Dis	1.20 ID: 09864fa5-3c2d-4ce5-a sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 10	19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	1019001.87	Disbursement For 2014 Other	:
(a) SUBTOTAL of Itemized Independent Expenditu	res		•	16.20
(b) SUBTOTAL of Unitemized Independent Expend	litures			
(,,				7 7
(c) TOTAL Independent Expenditures			·	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan	[Electroi	nically Filed] Date	e 10 / 2	
Signature				

Sch	nedule E)	EXI EIVE	TOTILO		PAGE 46 OF 77 FOR SE OF FORM 24/48
	IE OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Ched	ck if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
I	Full Name of Payee Brenda K Billington			_	of Public Distribution/Dissemination
Ī	Mailing Address 437 Roberson Creek Rd			Amou	10 19 2014 unt
	Dity S	State	Zip Code	— I	40.00
		NC	27312		saction ID : 7952216c-71ef-4ed5-8 of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		Support	Office Sough	ht: House District: 00
	Ms. Kay Hagan		X Oppose	Presid	NC NC
	Calendar Year-To-Date Per Election for Office Sought	10	19001.87	Disbursemer 2014	nt For:
	Full Name of Payee Brenda K Billington Mailing Address 437 Roberson Creek Rd				of Public Distribution/Dissemination
-	City	State	Zip Code		20.70
	•	NC	27312		action ID : 2c832f56-7160-4cbd-b of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		10 19 / 2014
	Name of Federal Candidate		Support	Office Sough	ht: House District: 00
L	Ms. Kay Hagan		X Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought		1019001.87	Disbursemer 2014	nt For: Primary X General Other (specify) ▶
(a	a) SUBTOTAL of Itemized Independent Expenditures				60.70
(t	o) SUBTOTAL of Unitemized Independent Expenditure	es			
(0	e) TOTAL Independent Expenditures			· [171171171
W	nder penalty of perjury I certify that the independent ith, or at the request or suggestion of, any candidate arty committee) any political party committee or its agr	or authorized			
	Ms. Emily Buchanan	[Electroni	cally Filed] Date	10	21 2014
	Signature				

Schedule E)	EXI END	101120		PAGE 47 OF 77 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
				M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report	X New repo	ort Amends repo	ort filed on	
Full Name of Payee Tylan S Green				of Public Distribution/Dissemination
Mailing Address 2320 Saint Nick Dr			L	10 19 2014
2320 Saint Nick Dr			Amo	unt
City S:	State	Zip Code	ΠГ.	80.00
New Orleans	LA	70131		saction ID: d4413223-f056-45a0-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 19 2014
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Ms. Mary L Landrieu		X Oppose	Presid	dent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	1	96654.67	Disburseme 2014	nt For: Primary
Full Name of Payee			Date	of Public Distribution/Dissemination
Tylan S Green				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2320 Saint Nick Dr			Amo	unt
City	State	Zip Code		20.10
1 '	LA	70131		saction ID : 72673045-6313-44d4-a of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Ms. Mary L Landrieu		Oppose	Presid	dent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		196654.67	Disburseme 2014	ent For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures			•	100.10
(b) SUBTOTAL of Unitemized Independent Expenditures	es		· •	7117110
(c) TOTAL Independent Expenditures			· -	171171171
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	e 10	21 2014
Signature				

Schedule E)	IVI EXI ENL	ON ONES	PAGE 48 OF 77 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
April A Watson			10 19 / 2014
Mailing Address 30217 Crook Rd			Amount
City	State	Zip Code	20.00
Cleveland	МО	64734	Transaction ID: 852764a0-9c54-4d6e-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 19 7 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Greg Orman		X Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	-	15723.35	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
April A Watson			10 19 2014
Mailing Address 30217 Crook Rd			Amount
City	State	Zip Code	23.34
Cleveland	МО	64734	Transaction ID : da5ba727-5b9b-44d5-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 / 19 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Greg Orman		X Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	-,,	15723.35	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		▶ 43.34
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		. •
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorize		
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	10 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			

,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour re	eport New report Amends report fil	led on Man / Dad / Yayayay
Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination
		10 19 2014
Mailing Address 1436 Haigs Creek Dr		Amount
City	State Zip Code	120.00
Elgin	SC 29045	Transaction ID: 92d04695-898e-41ac-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 19 / 2014
Name of Federal Candidate	Support Of	fice Sought: House District: 00
Mr. Mark L Pryor	X Oppose	President X Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	181557.23 Dis	sbursement For: Primary ⊠ General Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Randy M Gold		10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1436 Haigs Creek Dr		Amount
City	State Zip Code	76.68
Elgin	SC 29045	Transaction ID: 70c2e936-a7c9-40b8-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 19 / 2014
Name of Federal Candidate	Support Of	ffice Sought: House District: 00
Mr. Mark L Pryor	Oppose [President X Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary X General 014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent E	Expenditures	196.68
(b) SUBTOTAL of Unitemized Independent	t Expenditures	
(c) TOTAL Independent Expenditures	·······	
	independent expenditures reported herein were not ny candidate or authorized committee or agent of eit ttee or its agent.	
Ms. Emily Buchanan	[Electronically Filed] Date	10 21 2014
Signature		

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OF

Schedule E)		INDENT EXICIO	101120		PAGE 50 OF 77 FOR SE OF FORM 24/48
	MITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Sp	eak Out PAC				C C00530766
Check if 24	hour report X 48-hour re	eport New repo	ort Amends repo	ort filed on	M / D D / Y D D /
Full Name of Ashley r	Payee Thompson				of Public Distribution/Dissemination
Mailing Addr	ess 272 Westgate Ct Apt 6			Amou	10 19 2014
				Amou	
City Lexington		State NC	Zip Code 27295	Trans	42.50 action ID : d035d3d9-991f-49eb-a
Purpose of E	Evnanditura		I	Date of	of Disbursement or Obligation
Salary	-Aperiuliure		Category/ Type 001	M	10 19 / 2014
	deral Candidate		Support	Office Sough	t: District: 00
Ms. Kay Hag	jan		X Oppose	Preside	ent Senate State: NC
	r Year-To-Date ction for Office Sought	10	19001.87	Disbursemen 2014 O	t For: Primary
Full Name o					of Public Distribution/Dissemination
Ashley n	Thompson			N	10 19 2014
Mailing Addr	ess 272 Westgate Ct Apt 6			Amou	nt
City		State	Zip Code	— r	3.00
Lexington		NC	27295	Transa Date	oction ID : 316c536a-8fda-4a99-9 of Disbursement or Obligation
Purpose of I Mileage	Expenditure		Category/ Type 002	N	10 19 / 2014
Name of Fe	deral Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Hag	gan		Oppose	Preside	ent Senate State: NC
	ar Year-To-Date ction for Office Sought		1019001.87	Disbursemen 2014	ther (specify) ►
					· · · · · · ·
(a) SUBTOTA	L of Itemized Independent E	xpenditures		•	45.50
(b) SUBTOTA	L of Unitemized Independen	t Expenditures		· •	
(c) TOTAL In	dependent Expenditures			•	7
with, or at the		y candidate or authorized			cooperation, consultation, or concert the reporting entity is not a political
	Ms. Emily Buchanan	[Electroni	ically Filed] Date	10	21 2014
Signature					

Schedule E)	LIVI EXI EIVE	TIONES	PAGE 51 OF 77 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Kaleigh J Wagner			Date of Public Distribution/Dissemination
Mailing Address 18065 Wayne Rd			10 19 2014 Amount
Cit.	Chaha	Zin Onda	120.00
City Odessa	State FL	Zip Code 33556	120.00 Transaction ID: 876f694c-2df0-47c4-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 19 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	181557.23	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Randy G Lookabill			Date of Public Distribution/Dissemination
Mailing Address 200 Carawood Lane			10 19 2014 Amount
City	State	Zip Code	42.50
Lexington	NC	27295	Transaction ID : 02a1a5d3-bbe8-4bd1-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 19 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	1019001.87	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		162.50
(b) SUBTOTAL of Unitemized Independent Expe	nditures		
(c) TOTAL Independent Expenditures			>
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 21 2014
Signaturo			

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed or	M = M / D = D / Y = Y = Y
Full Name of Payee	2	Date of Public Distribution/Dissemination
Randy G Lookabill		10 19 2014
Mailing Address 200 Carawood Lane	A	mount
City	State Zip Code	16.50
Lexington		ransaction ID: ceed6cb5-eb2f-454a-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 19 2014
Name of Federal Candidate	Support Office S	ought: House District: 00
Ms. Kay Hagan	Oppose Pr	resident State: NC
Calendar Year-To-Date Per Election for Office Sought	1019001.87 Disburse 2014	ement For: Primary
Full Name of Payee Maria A Britt Mailing Address 4894 Thunder Bolt		Date of Public Distribution/Dissemination 10 19 2014 Amount
City	State Zip Code	50.00
Concord	NC 28205 Tr	ansaction ID : 97c5cb22-a429-4835-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ 001	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office S	lought: House District: 00
Ms. Kay Hagan	Oppose P	resident State: NC State:
Calendar Year-To-Date Per Election for Office Sought	1019001.87 Disburse 2014	ement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.	· · · · · · · · · · · · · · · · · · ·	66.50
(b) SUBTOTAL of Unitemized Independent Expenditur	es	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized committee or agent of either, or	
Ms. Emily Buchanan Signature	[Electronically Filed] Date 10	21 2014
Signature		

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OF

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Maria A Britt	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 4894 Thunder Bolt	Amount
	City State Zip Code	14.40
	Concord NC 28205	Transaction ID: 71d04704-0403-40af-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	M M / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rrsement For: Primary X General
		Other (specify) -
	Full Name of Payee Kinsey E Beck	Date of Public Distribution/Dissemination
	Mailing Address 103 Glenhaven Ct	10 19 2014 Amount
	City State Zip Code	90.00
	Harvest AL 35749	Transaction ID : 1fdfcc8a-5a22-4929-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 19 / 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	104.40
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 1	
	Signature	

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OF

Sched	dule E)	EXI ENDI	101120		PAGE 54 OF 77 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Won	nen Speak Out PAC				C C00530766
Check i	if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	= M / D = D / Y = Y = Y
		Z Non Topo	, une nue repe		
	Name of Payee insey E Beck				of Public Distribution/Dissemination
Mai	iling Address 103 Glenhaven Ct			Amour	nt
City	/	State	Zip Code	- [51.30
На	rvest	AL	35749		action ID : e2f2d9aa-2f07-4aab-a of Disbursement or Obligation
	pose of Expenditure leage		Category/ Type 002	M	10 19 / 2014
Nar	ne of Federal Candidate		Support	Office Sought	t: House District: 00
Mr	. Mark L Pryor		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	, 1	81557.23	Disbursement 2014 Ot	t For:
	Name of Payee			Date of	of Public Distribution/Dissemination
"	eather N Montgomery			М	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ма	iling Address 106 Wyncrest Ct				
				Amoui	nt
City	У	State	Zip Code		90.00
	endersonville	TN	37075	Transa Date of	ction ID : e58db910-6c3c-4037-8 f Disbursement or Obligation
	rpose of Expenditure alary		Category/ Type 001	M	10 19 / 2014
Nai	me of Federal Candidate		Support	Office Sough	t: House District: 00
Mr	. Mark L Pryor		X Oppose	Preside	-
	Calendar Year-To-Date Per Election for Office Sought	, , ,	181557.23	Disbursemen 2014 O	t For:
(a) \$	SUBTOTAL of Itemized Independent Expenditures	S		•	141.30
(b) \$	SUBTOTAL of Unitemized Independent Expenditu	res		•	7 1 7 1 2
(c) T	TOTAL Independent Expenditures			•	7
with,	er penalty of perjury I certify that the independen or at the request or suggestion of, any candidate committee) any political party committee or its a	e or authorized			
	Ms. Emily Buchanan	[Electroni	ically Filed] Date	M = M /	21 2014
S	ignature				

Schedule E)		PAGE 55 OF 77 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Krystal A Wilson	Da	te of Public Distribution/Dissemination
Mailing Address 448 Judson Dr	An	10 19 2014 nount
City State Zip	Code	22.50
	587 Tra	ansaction ID : a947e455-3e08-410e-b tte of Disbursement or Obligation
Purpose of Expenditure Salary Ca	ategory/ Type 001	10 19 / 2014
Name of Federal Candidate	Support Office So	ught: House District: 00
Ms. Kay Hagan		sident State: NC
Calendar Year-To-Date Per Election for Office Sought 10190	Disburser 2014	nent For:
Full Name of Payee Miranda A Resinos Mailing Address 1430 Sunnyside Rd		ate of Public Distribution/Dissemination 10 19 2014 nount
City State Zip	Code	90.00
	2921 Tra	nsaction ID : 29b73fee-b310-48b2-9 atte of Disbursement or Obligation
Purpose of Expenditure Salary Ca	ategory/ Type 001	10 19 / 2014
Name of Federal Candidate	Support Office So	ught: House District: 00
Mr. Mark L Pryor	Oppose Pre	sident State: AR
Calendar Year-To-Date Per Election for Office Sought	81557.23 Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	······	112.50
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	
Under penalty of perjury I certify that the independent expenditures rep with, or at the request or suggestion of, any candidate or authorized cor party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronical]	y Filed] Date 10	/ D D / Y Y Y Y Y Y Z 2014
Signature		

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report file	ed on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Miranda A Resinos	10 19 2014
Mailing Address 1430 Sunnyside Rd	Amount
City State Zip Code	81.60
Alma AR 72921	Transaction ID : 7decfbed-6da0-4078-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	M 10 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offi	ice Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Dis 201	bursement For: Primary X General Other (specify) ▶
Full Name of Payee	
Eric Resinos	Date of Public Distribution/Dissemination
Mailing Address 1430 Sunnyside Rd	Amount
City State Zip Code	70.00
Alma AR 72921	Transaction ID : 7170dcea-2fb3-4bc9-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 19 2014
Name of Federal Candidate Support Off	ice Sought: House District: 00
Mr. Mark L Pryor Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought Dis 20	sbursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	151.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	10 21 2014
Signature	

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OF

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	/omen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
٦	Full Name of Payee	Date of Public Distribution/Dissemination
	Eric Resinos	10 19 2014
	Mailing Address 1430 Sunnyside Rd	Amount
	City State Zip Code	58.20
	Alma AR 72921	Transaction ID : b193ccd7-8c8e-4b6f-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 19 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr Mark I Pryor	President State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary X General
	Per Liection for Office Sought	Other (specify) >
	Full Name of Payee Amelia Brackett	Date of Public Distribution/Dissemination
	Mailing Address 804 Roundabout Circle	10 19 2014
		Amount
	City State Zip Code	100.00
		Transaction ID: 70060ee3-6f0b-4563-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 19 7 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR State:
	Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	158.20
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
1	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 10	
	Signature	2017

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OF

Schedule E)	IN EXILIND	ITORES	PAGE 58 OF 77 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	ort Amends repo	rt filed on
Full Name of Payee Kaitlyn B Allen			Date of Public Distribution/Dissemination
Mailing Address 2121 Daniel Dr			10 19 / 2014
			Amount
City	State	Zip Code	100.00
Searcy	AR	72143	Transaction ID : ee6fc1b1-bd7b-476f-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 19 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		181557.23	Disbursement For: Primary General 2014 Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Kaitlyn B Allen			10 19 2014
Mailing Address 2121 Daniel Dr			Amount
City	State	Zip Code	52.14
Searcy	AR	72143	Transaction ID : 7d20a905-bae6-4cb0-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 19 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	181557.23	Disbursement For: Primary ☐ General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		. 152.14
,			7 7 7
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorized		
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.9			

Sche	dule E)	XI LIVE	101120				PAGE 59 OF 77 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
Won	nen Speak Out PAC					С	C00530766
Check	if 24-hour report X 48-hour report	New repo	ort Ame	ends repo	rt filed on	M = M /	D = D / Y = Y = Y
	Name of Payee Oseph R English					M = M /	Distribution/Dissemination
Ма	iling Address 915 East Market Ave Apt 4				Amor	10 unt	19 2014
City	v Sta	te	Zip Code		<u> —</u> г		60.00
	earcy Af		72143				ID: 2be5794f-6065-417c-9 ursement or Obligation
	rpose of Expenditure alary		Category/ Type	001		M M M /	19 / 2014
Nai	me of Federal Candidate		S	Support	Office Soug	ht:	House District: 00
Mr	. Mark L Pryor		X	ppose	Presid	lent	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	. 1	81557.23		Disburseme 2014	nt For: Other (sp	Primary
Jo	Name of Payee Dseph R English illing Address 915 East Market Ave Apt 4				Date	10 M	c Distribution/Dissemination
Cit	y Sta	te	Zip Code		$ \Gamma$		22.50
	earcy Al	R	72143		Trans Date	action II of Disbu	D: a496e69d-c63e-4d35-b ursement or Obligation
	rpose of Expenditure ileage		Category/ Type	002] [10	19 2014
Na	me of Federal Candidate			Support	Office Soug	ht:	House District:00
Mr	: Mark L Pryor		X	Oppose	Presid	dent	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		181557.23	3	Disburseme 2014	nt For: Other (sp	Primary
(a)	SUBTOTAL of Itemized Independent Expenditures						82.50
(b)	SUBTOTAL of Unitemized Independent Expenditures.				· -		
(c)	TOTAL Independent Expenditures				•		7
with,	er penalty of perjury I certify that the independent ex or at the request or suggestion of, any candidate or or committee) any political party committee or its agent	authorized					
_	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	10	21	2014
S	Signature						

Schedule E)	IDENT EXTEND	TOTILO	PAGE 60 OF FOR SE OF FORM	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NU	MBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour repo	ort New repo	ort Amends repo	t filed on	/
Full Name of Payee Danielle E Grindstaff				Y Y Y
Mailing Address 147 Possum Trot Rd			10 19 2 Amount	2014
City	State	Zin Codo		80.00
Bakersville	NC	Zip Code 28705	Transaction ID : c79b6b0c-0b61 Date of Disbursement or Obligati	-4b1f-b
Purpose of Expenditure Salary		Category/ Type 001	M M / D D / Y	2014
Name of Federal Candidate		Support	Office Sought: House District	t: 00
Ms. Kay Hagan		X Oppose	President Senate State	NC.
Calendar Year-To-Date Per Election for Office Sought	10	19001.87	Disbursement For: Primary ≥ 2014 Other (specify) ▶	General
Full Name of Payee Danielle E Grindstaff				YYY
Mailing Address 147 Possum Trot Rd			10 19 2	2014
City	State	Zip Code		17.10
Bakersville	NC	28705	Transaction ID : 8eb41670-8141- Date of Disbursement or Obligati	49f0-a
Purpose of Expenditure Mileage		Category/ Type 002		2014
Name of Federal Candidate		Support	Office Sought: House Distric	t: <u>00</u>
Ms. Kay Hagan		X Oppose	President State State	
Calendar Year-To-Date Per Election for Office Sought		1019001.87	Disbursement For: Primary ≥ 2014 Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Exp	enditures		•	7.10
(b) SUBTOTAL of Unitemized Independent E	xpenditures			
			7 4	4
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the inc with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
S.g.iataro				

Schedule E)	.5	PAGE 61 OF 77 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FI	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed on	M / D = D / Y = Y = Y
Full Name of Payee	Date of	Public Distribution/Dissemination
Kelly Dolan	M 10	
Mailing Address 543 S 2nd St	Amount	
City State Zip Coo	de	60.00
Bellaire NC 77401	Transac	tion ID: 709907dd-ac12-459f-a Disbursement or Obligation
Purpose of Expenditure Salary Categ		M / D D / Y Y Y Y
Name of Federal Candidate	Support Office Sought:	House District: 00
Ms. Kay Hagan	X Oppose President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement F 2014 Other	for: Primary X General
Full Name of Payee	Date of	Public Distribution/Dissemination
Kelly Dolan	M 10	
Mailing Address 543 S 2nd St	Amount	
City State Zip Co	de	3.00
Bellaire NC 77401		on ID : ed5ca2de-dcdc-4f3e-a Disbursement or Obligation
Purpose of Expenditure Mileage Categ	ory/ Type 002 10	
Name of Federal Candidate	Support Office Sought:	House District:00
Ms. Kay Hagan	X Oppose President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 10190	01.87 Disbursement F 2014 Other	For: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		63.00
		7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures		4
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures reporter with, or at the request or suggestion of, any candidate or authorized commit party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically File Signature	led] Date 10	21 2014
	Date 10	2014

NAME OF COMMITTEE (In Full) Women Speak Out PAC Check if 24-hour report	
Check if 24-hour report	NUMBER ▼
Check if 24-hour report	
John W Antonetz Mailing Address 11127 Gila Valley Dr	YYYY
Mailing Address 11127 Gila Valley Dr	semination
Mailing Address 11127 Gila Valley Dr Amount	2014
City State Zip Code	20.00
Little Rock AR 72217 Transaction ID : 962f2ac7-660 Date of Disbursement or Oblig	
Purpose of Expenditure Salary Category/ Type 001 10 19	2014 Y
Name of Federal Candidate Support Office Sought: House Dist	rict:00
Mr. Mark I. Prvor	ate: AR
Calendar Year-To-Date Per Election for Office Sought Disbursement For: □ Primary 2014 □ Other (specify) ▶	General
Full Name of Payee Date of Public Distribution/Dis	semination
John W Antonetz	2014
Mailing Address 11127 Gila Valley Dr Amount	
City State Zip Code	5.70
Little Rock AR 72217 Transaction ID : cc57f55a-642 Date of Disbursement or Oblig	
Purpose of Expenditure Mileage Category/ Type 002 10 19	2014
Name of Federal Candidate Support Office Sought: House Dis	trict:00
Mr. Mark L Pryor Oppose President Senate S	tate: AR
Calendar Year-To-Date Per Election for Office Sought 181557.23 Disbursement For: □ Primary 2014 □ Other (specify) ▶	X General
(a) SUBTOTAL of Itemized Independent Expenditures	25.70
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10 21 2014 Signature	Y

Schedule E)		PAGE 63 OF 77 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	Amends report file	d on M = M / D = D / Y = Y = Y
Full Name of Payee Colton R Overcash		Date of Public Distribution/Dissemination
Mailing Address 121 Ohara Dr		10 19 2014 Amount
City State 7:	n Codo	75.00
	p Code 8147	75.00 Transaction ID : 0bd02495-a2ac-48ea-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 19 2014
Name of Federal Candidate	Support Office	ce Sought: House District:00
Ms. Kay Hagan	X Oppose	President X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	001.87 Disk 2014	oursement For:
Full Name of Payee Colton R Overcash		Date of Public Distribution/Dissemination
Mailing Address 121 Ohara Dr		10 19 2014 Amount
City State Zi	p Code	96.60
Salisbury NC 2	8147	Transaction ID : 59f064cf-a13a-4fd5-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 19 / 2014
Name of Federal Candidate	Support Office	ce Sought: House District: 00
Ms. Kay Hagan	∑ Oppose □	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	019001.87 Dist 201	oursement For: Primary General Other (specify) Other
(a) SUBTOTAL of Itemized Independent Expenditures	·····	171.60
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures re with, or at the request or suggestion of, any candidate or authorized corparty committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronical	<i>Ily Filed]</i> Date [™]	10 21 / 2014

Schedule E)	5111	IVI EXI END			PAGE 64 OF 77 FOR SE OF FORM 24/48
NAME OF COMMITTEE					FEC IDENTIFICATION NUMBER ▼
Women Speak	Out PAC				C C00530766
Check if 24-hour re	eport X 48-hour report	New rep	ort Amends repo	ort filed on	Л = M / D = D / Y = Y = Y
Full Name of Payee				Date	of Public Distribution/Dissemination
Parker H Moi	row				10 19 2014
Mailing Address 50	6 N Horton Street			Amou	unt
City		State	Zip Code		40.00
Searcy		AR	72143		saction ID: 895a0ea6-b9bf-42df-9 of Disbursement or Obligation
Purpose of Expendi Salary	ture		Category/ Type 001		10 19 2014
Name of Federal Ca	andidate		Support	Office Sough	nt: House District: 00
Mr. Mark L Pryor			Oppose	Presid	
Calendar Year- Per Election fo	To-Date r Office Sought		181557.23	Disbursemer 2014	nt For:
Full Name of Payee Parker H Morr					of Public Distribution/Dissemination
Mailing Address	506 N Horton Street			[10 19 2014
				Amou	unt
City		State	Zip Code		11.10
Searcy Purpose of Expendi	A	AR	72143		action ID: 5bddf525-a601-45c9-8 of Disbursement or Obligation
Mileage			Category/ Type 002		10 19 / 2014
Name of Federal C	andidate		Support	Office Sough	ht: House District: 00
Mr. Mark L Pryor			X Oppose	Presid	
Calendar Year- Per Election fo	To-Date r Office Sought	7	181557.23	Disbursemer 2014	nt For:
(a) SURTOTAL of Its	emized Independent Expendit	uros			51.10
(a) JUDIOIAL O	SIIIZGU IIIUOPOIIUOIII EAPOIIUII	uies			70
(b) SUBTOTAL of U	nitemized Independent Expen	ditures		·· •	
(c) TOTAL Independ	ent Expenditures				
with, or at the reques		idate or authorized			cooperation, consultation, or concert the reporting entity is not a political
Ms. Emi	y Buchanan	[Electron	ically Filed] Date	e 10	21 2014
Signature			_		

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۷	omen Speak Out PAC	C C00530766
Che	eck if 24-hour report X 48-hour report New report Amends report filed of	on Mam / Dad / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Rebecca A Shearer	10 19 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 6544 Arno College Grove Rd	Amount
ŀ	City State Zip Code	40.00
		Transaction ID : 5228cb1f-8ff4-4592-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 19 / 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbur 2014	sement For: Primary ☐ General Other (specify) ▶
	Full Name of Payee Rebecca A Shearer Mailing Address 6544 Arno College Grove Rd	Date of Public Distribution/Dissemination 10 19 2014 Amount
-	City State Zip Code	11.10
		Fransaction ID : 570c942d-a0b1-49fb-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 19 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbur 2014	sement For:
	(a) SUBTOTAL of Itemized Independent Expenditures	51.10
	(b) SUBTOTAL of Unitemized Independent Expenditures	
(Co) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 10	21 2014
	Signature	

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OF

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Date	te of Public Distribution/Dissemination
Joshua D Syrotchen	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 915 East Market Ave	ount
City State Zip Code	60.00
Searcy AR 72149 Tra	insaction ID: b787c91f-d75f-4a35-b te of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ight: House District:00
Mr. Mark I. Prvor	sident State: AR State:
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	
	Other (specify)
Full Name of Payee Joshua D Syrotchen	te of Public Distribution/Dissemination
Mailing Address 915 East Market Ave Am	10 19 2014 nount
City State Zip Code	51.60
Searcy AR 72149 Tran	nsaction ID : 9b506e96-0816-4c49-9 te of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 19 2014
Name of Federal Candidate Support Office Sou	ught: House District:00
Mr. Mark L Pryor Oppose Pres	sident State: AR State:
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	111.60
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	/ 21
Signature	

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OF

Schedule E)	IN EXILIN	DITOTILO	PAGE 67 OF 77 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Ronald E Brown			10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1211 Treaty Rd			Amount
City	State	Zip Code	55.00
Delphos	KS	67436	Transaction ID : ae7c2538-c444-4af0-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Greg Orman		X Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	, , ,	15723.35	Disbursement For: Primary General 2014 General Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Ronald E Brown			10 19 2014
Mailing Address 1211 Treaty Rd			Amount
City	State	Zip Code	14.10
Delphos	KS	67436	Transaction ID : dbd924e7-8599-4686-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Greg Orman		X Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		15723.35	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	urae		69.10
(a) SOBTOTAL OF REMIZED INDEPENDENT EXPENDI	.uie3		03.10
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•
(c) TOTAL Independent Expenditures			•
	idate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	10 21 7 2014

Sch	nedule E)	.511 61126		PAGE 68 OF 77 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)			ENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC		C	C00530766
Chec	ck if 24-hour report X 48-hour report New r	report Amends repo	rt filed on	D = D / Y = Y = Y
F	Full Name of Payee LaVonna A Brown		M = M /	Distribution/Dissemination
N	Mailing Address 1211 Treaty Rd		Amount	19 2014
	City State	Zip Code		55.00
- 1	Delphos KS	67436		D: 17d77002-8b4f-492a-b rsement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	10	19 / 2014
1	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Mr. Greg Orman	X Oppose	President >	Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought	15723.35	Disbursement For: 2014 Other (spe	Primary
	Full Name of Payee Parker H Morrow Mailing Address 506 N Horton Street		Date of Public	Distribution/Dissemination
	City State	Zip Code		40.00
-	Searcy AR	72143	Transaction ID Date of Disbu	: 36daecbc-4517-4b77-a rsement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	10	16 / 2014
1	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Mr. Mark L Pryor	Oppose	President >	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	181557.23	Disbursement For: 2014 Other (specific	Primary X General
(a	substotal of Itemized Independent Expenditures		•	95.00
(b	s) SUBTOTAL of Unitemized Independent Expenditures		•	
(с	e) TOTAL Independent Expenditures)	1 7 1 1 7 1
wi	nder penalty of perjury I certify that the independent expenditurith, or at the request or suggestion of, any candidate or authorizarty committee) any political party committee or its agent.			
		ronically Filed] Date	10 / 21	2014
	Signature			

Schedule E)		PAGE 69 OF 77 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	Amends report file	d on M = M / D = D / Y = Y = Y
Full Name of Payee		Date of Public Distribution/Dissemination
Parker H Morrow		10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 506 N Horton Street		Amount
City State Zip	Code	21.60
	143	Transaction ID : 0c7df106-5057-4fbe-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Ci	ategory/ Type 002	10 / 16 / 2014
Name of Federal Candidate	Support Office	ce Sought: House District: 00
Mr. Mark L Pryor	X Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought 1815	Disk 2014	oursement For: Primary
Full Name of Payee		Date of Public Distribution/Dissemination
Taylor N Randall		10 17 2014
Mailing Address 2002 E Park Ave		Amount
Apt 40		
	Code 2143	37.50 Transaction ID : 2cf17ccb-a4d9-48a5-9
Purpose of Expenditure Salary	ategory/ 001	Date of Disbursement or Obligation 10 17 2014
Name of Federal Candidate		ce Sought: House District: 00
Mr. Mark L Pryor	X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Dist 201	oursement For: Primary General Other (specify)
-		
(a) SUBTOTAL of Itemized Independent Expenditures	·····	59.10
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	1 1 7 1 1 7 1 1 7
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	
Under penalty of perjury I certify that the independent expenditures rep with, or at the request or suggestion of, any candidate or authorized cor party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronicall	y Filed] Date	10 21 / 2014

Sched	lule E)	1 =/(1 = (1 =)					PAGE 70 OF 77 FOR SE OF FORM 24/48
	DF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
Wom	nen Speak Out PAC					C	C00530766
Check if	24-hour report X 48-hour report	New repo	ort Amen	nds repo	rt filed on	/ = M /	D = D / Y = Y = Y
Full Sh	Name of Payee nelbi L Randall					M = M /	c Distribution/Dissemination
Mail	ing Address 202 East Park Ave Apt 40				Amou	10 unt	17 2014
City		State	Zip Code		— I.		37.50
Sea	arcy	AR	72143				ID: 8fe01ee2-e395-4b70-a ursement or Obligation
Purp Sala	pose of Expenditure ary		Category/ Type	001		10	17 2014
Nam	ne of Federal Candidate		Sur	pport	Office Sough	nt:	House District:00
Mr.	Mark L Pryor			pose	Presid	_	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	1	181557.23		Disbursemer 2014	nt For: Other (sp	Primary
Sh	Name of Payee nelbi L Randall ling Address 202 East Park Ave Apt 40					10	c Distribution/Dissemination
City		State	Zip Code				24.12
Sea	arcy	AR	72143		Trans Date	action II of Disbu	D: 7475fb8c-5d9a-4879-9 ursement or Obligation
	pose of Expenditure eage		Category/ Type	002		10 M	17 2014
Nan	ne of Federal Candidate		Su	pport	Office Sough	ht:	House District: 00
Mr.	Mark L Pryor		X Op		Presid	,	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	<u></u>	181557.23		Disbursemer 2014		Primary X General Decify) ▶
(a) S	SUBTOTAL of Itemized Independent Expenditure	;S			.	- 7	61.62
(b) S	SUBTOTAL of Unitemized Independent Expenditu	ures			•		
(c) T	OTAL Independent Expenditures				· [114114
with,	r penalty of perjury I certify that the independer or at the request or suggestion of, any candidat committee) any political party committee or its a	te or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	10	21	2014
Si	gnature						

Schedule E)	PAGE 71 OF 77 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Edmond D Rea	10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 416 Vine Dr	mount
City State Zip Code	70.00
Lawrence KS 66049 Tr.	ransaction ID: 9f48cbae-b6f0-41ff-b ate of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 16 7 2014
Name of Federal Candidate Support Office So	ought: House District:00
Mr. Greg Orman	esident X Senate State: KS
Calendar Year-To-Date Per Election for Office Sought Disburser 2014	ment For:
	ate of Public Distribution/Dissemination
Edmond D Rea	10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 416 Vine Dr	mount
City State Zip Code	8.40
Lawrence KS 66049 Tra	ansaction ID: a819f702-f044-4a0b-b ate of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 16 2014
Name of Federal Candidate Support Office Sc	ought: House District: 00
Mr. Greg Orman	esident Senate State: KS
Calendar Year-To-Date Per Election for Office Sought Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	78.40
(a) control of items and i	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date Signature	21 / 2014

Schedule E)			TI OTILO		PAGE 72 OF 77 FOR SE OF FORM 24/48
NAME OF COMMITT					FEC IDENTIFICATION NUMBER ▼
Women Speak	Out PAC				C C00530766
Check if 24-hour	report X 48-hour report	New rep	port Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Pay Dylan J Spa					of Public Distribution/Dissemination
Mailing Address	915 East Market Ave			Amou	10 18 2014
City		Ctoto	Zin Codo		90.00
City Searcy		State AR	Zip Code 72149		80.00 action ID : c2b28f71-a37f-4020-8 of Disbursement or Obligation
Purpose of Exper Salary	nditure		Category/ Type 001		10 18 2014
Name of Federal	Candidate		Support	Office Sough	t: House District: 00
Mr. Mark L Pryor			Oppose	Preside	ent Senate State: AR
Calendar Yea Per Election	r-To-Date for Office Sought		181557.23	Disbursemen 2014 O	t For: Primary ⊠ General
Full Name of Pay Dylan J Spai Mailing Address					of Public Distribution/Dissemination
011			The Orale	Amou	
City Searcy		State AR	Zip Code 72149		52.80 ction ID : 3c1e2965-af2f-4f46-b of Disbursement or Obligation
Purpose of Exper Mileage	nditure		Category/ Type 002		10 18 2014
Name of Federal	Candidate		Support	Office Sough	t: House District:00
Mr. Mark L Pryor			X Oppose	Preside	ent Senate State: AR
Calendar Yea Per Election	ar-To-Date for Office Sought		181557.23	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
(a) SUBTOTAL of	Itemized Independent Expend	itures		· •	132.80
(b) SUBTOTAL of	Unitemized Independent Expe	nditures			
(c) TOTAL Indepe	ndent Expenditures			· ·	7 1 7 1 7
with, or at the requ		didate or authorized			ooperation, consultation, or concert the reporting entity is not a political
	nily Buchanan	[Electroi	nically Filed] Date	e 10	21 2014
Signature					

			FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X	18-hour report New report	ort Amends report	iled on DD / YTYYY
Full Name of Payee			Date of Public Distribution/Dissemination
Melodie K Powell			10 18 2014
Mailing Address 7745 SW EI Ce	rrito Dr		Amount
City	State	Zip Code	15.00
Topeka	KS	66674	Transaction ID : d7ac150b-39e7-4ab6-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 18 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support C	ffice Sought: House District:00
Mr. Greg Orman		X Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Soug	ht		isbursement For: Primary General Other (specify) ▶
Full Name of Payee	<u> </u>		Date of Public Distribution/Dissemination
Melodie K Powell			10 18 2014
Mailing Address 7745 SW EI 0	Cerrito Dr		Amount
City	State	Zip Code	2.70
Topeka	KS	66674	Transaction ID : 387d1190-64da-42e7-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support (Office Sought: House District: 00
Mr. Greg Orman		Oppose	President State: KS
Calendar Year-To-Date Per Election for Office Sou	ght		isbursement For: Primary General O14 Gther (specify) ▶
(a) SUBTOTAL of Itemized Indep	endent Expenditures		17.70
(b) SUBTOTAL of Unitemized Inc	lependent Expenditures		
(c) TOTAL Independent Expendit	ures		
	ion of, any candidate or authorized		made in cooperation, consultation, or concert ither, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electron:	ically Filed] Date	10 21 2014
Signature	-	Bato	

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OF

Schedule E)	DENT EXILITIES			PAGE 74 OF 77 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour repo	ort New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Publ	lic Distribution/Dissemination
Trevor D Hageman			M - M 10	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5521 Randolph St			Amount	
City	State	Zip Code		35.00
Marrero	LA	70072		ID: d1f43c1e-f556-4dfc-b oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	18 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	1	196654.67	Disbursement For: 2014 Other (s	Primary
Full Name of Payee Carmin S Roldan-Myers			Date of Pub	lic Distribution/Dissemination
Mailing Address 214 Needle Pk Dr			10	18 2014
			Amount	
City	State	Zip Code		30.00
Cary	NC	27513	Transaction Date of Disk	ID: 6bd0c28e-d70f-4909-8 oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	18 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1019001.87	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent Expe	anditures			65.00
(a) SOBTOTAL OF ROTHERON HINOPORIOUN EXP.	munures		-	00.00
(b) SUBTOTAL of Unitemized Independent E	xpenditures		. •	4
(c) TOTAL Independent Expenditures			>	7 1 7 1
Under penalty of perjury I certify that the ind with, or at the request or suggestion of, any oparty committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan	[Electron	cically Filed] Date	10 / 21	2014
Signature		_		

Sc	chedule E)	_,,,	TI OTILO		PAGE 75 OF 77 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	Vomen Speak Out PAC				C C00530766
Che	eck if 24-hour report X 48-hour report Ne	ew rep	port Amends repo	rt filed on	M = M / D = D / Y = Y = Y
_	Full Name of Payee	—		Da	ate of Public Distribution/Dissemination
	Brian A Sherwood				10 18 2014
	Mailing Address 1003 W 5th St			Ar	mount
Ì	City State		Zip Code		25.00
	Coffeyville KS		67337		ransaction ID : 239cbf83-7fd0-4774-a ate of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ì	Name of Federal Candidate		Support	Office So	ought: House District: 00
Ĭ	Mr. Greg Orman		X Oppose		esident Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought		15723.35	Disburser 2014	ment For: Primary
	Full Name of Payee			Da	ate of Public Distribution/Dissemination
	Brian A Sherwood				10 18 2014
	Mailing Address 1003 W 5th St				10 10 2017
Ì	1			Ar	mount
	City State		Zip Code		1.20
	Coffeyville KS		67337	Tra Da	ansaction ID : c676ce46-8e27-418d-b late of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		Support	Office Sc	ought: House District: 00
	Mr. Greg Orman		Oppose	Pre	esident Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought		15723.35	Disburser 2014	ement For: Primary
((a) SUBTOTAL of Itemized Independent Expenditures			· • _	26.20
((b) SUBTOTAL of Unitemized Independent Expenditures				
	(c) TOTAL Independent Expenditures			• [
١	Under penalty of perjury I certify that the independent expend with, or at the request or suggestion of, any candidate or auth party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [E	lectron	nically Filed] Date	10	21 2014
	Signature		_		

NAME OF COMMITTEE (In Full) Women Speak Out PAC Check if 24-hour report	y y y				
Check if 24-hour report	4				
Check if 24-hour report 48-hour report New report Amends report filed on Full Name of Payee Flora B Shanks Mailing Address 246 20th St	4				
Flora B Shanks Mailing Address 246 20th St	4				
Mailing Address 246 20th St	4				
	5.00				
	5.00				
City State Zip Code	0.00				
New Orleans LA 70124 Transaction ID : fcd27008-b814-4b	Transaction ID : fcd27008-b814-4bdc-a Date of Disbursement or Obligation				
Purpose of Expenditure Salary Category/ Type 001 10 16 201					
Name of Federal Candidate Support Office Sought: House District: _	00				
Ms. Mary L Landrieu	LA				
Per Election for Office Sought 196654.67 2014	eneral				
Uther (specify) ►					
	Y Y				
Mailing Address 246 20th St Amount	4				
City State Zip Code	.50				
New Orleans LA 70124 Transaction ID: 95d09c95-7b3b-47a Date of Disbursement or Obligation					
Purpose of Expenditure Mileage Category/ Type O02 10 16 V Y Y 10 16 201					
Name of Federal Candidate Support Office Sought: House District: _	00				
Ms. Mary L Landrieu	LA				
Calendar Year-To-Date Per Election for Office Sought 196654.67 Disbursement For: □ Primary ▼ 0 Other (specify) ▶	General				
(a) SUBTOTAL of Itemized Independent Expenditures	50				
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan [Electronically Filed] Date 10 21 2014					
Signature					

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Schedule E)	IN EXIEND	HONES	PAGE 77 OF FOR SE OF FORM	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NU	JMBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	Y
Full Name of Payee			Date of Public Distribution/Disser	mination
Logan B Piper				2014
Mailing Address 3205 Pebble Beach Rd			Amount	
City	State	Zip Code		4.00
Conway	AR	72034	Transaction ID: 04b80125-bc1f- Date of Disbursement or Obligati	
Purpose of Expenditure Salary		Category/ Type 001		2014
Name of Federal Candidate		Support	Office Sought: House Distric	t:00
Mr. Mark L Pryor		X Oppose	President State State	e:AR
Calendar Year-To-Date Per Election for Office Sought	· · · · · ·	181557.23	Disbursement For: Primary 2014 Other (specify) ▶	General
Full Name of Payee			Date of Public Distribution/Disse	mination
Logan B Piper				2014
Mailing Address 3205 Pebble Beach Rd			Amount	
City	State	Zip Code		11.58
Conway	AR	72034	Transaction ID: 9d53a6df-666d- Date of Disbursement or Obligat	
Purpose of Expenditure Mileage		Category/ Type 002		2014
Name of Federal Candidate		Support	Office Sought: House District	t:00
Mr. Mark L Pryor		Oppose	President Senate State	_
Calendar Year-To-Date Per Election for Office Sought	, , ,	181557.23	Disbursement For: Primary 2014 Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expendit	ures			15.58
(-,			7 7	
(b) SUBTOTAL of Unitemized Independent Exper	nditures		>	4
(c) TOTAL Independent Expenditures			53	01.05
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candraty committee) any political party committee or	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
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